

# WELCOME PAGE

## Manage Affiliates

The screenshot shows the homepage of the Kansas Quality Care Resource Center. At the top is a dark blue header with the 'Kansas' logo on the left and navigation links 'Help | Profile | Log In/Out' on the right. Below this is a light blue navigation bar with links 'Home', 'Applications', and 'Facilities'. The main content area has a title 'Kansas Quality Care Resource Center: Child Care and Early Education Portal' followed by a welcome message. On the left, there is a 'Register or Log In' section. This section contains a 'User Login' form with fields for 'User ID' and 'Password', an 'OK' button, and links for 'Forgot Your Password?' and 'Register as a User'. On the right, there is a 'Resources' section with two links: 'Search for Child Care in Kansas' and 'Review Child Care Facility Compliance Information'. Two yellow callout boxes with red borders are overlaid on the page. The first box, labeled 'Returning user', has a red arrow pointing to the 'User ID' input field. The second box, labeled 'First time user click here to register', has a red arrow pointing to the 'Register as a User' link.

**Kansas**

Help | Profile | Log In/Out

Home Applications Facilities

**Kansas Quality Care Resource Center: Child Care and Early Education Portal**

Welcome to the Kansas Child Care and Early Education Portal. The purpose of this website is to offer Child Care Providers, Early Education Professionals and Kansas Families a one-stop location to review information, submit online applications directly to DCF and KDHE, and conveniently exchange information with both agencies.

**Register or Log In**

Register as a user to apply with KDHE or DCF to provide child care services.

**User Login**

User ID:  
Password:  
OK  
Forgot Your Password?  
Register as a User

**Resources**

[Search for Child Care in Kansas](#)  
Use this link to be routed to the Kansas resource and referral website.

[Review Child Care Facility Compliance Information](#)  
Use this link to view compliance information and licensing history for a child care facility.  
(more KDHE info)

Returning user

First time user click here to register

# Directions to register for currently licensed facilities

- Each authorized user will need to enter the KDHE provided Person or Organization ID and the facility seven-digit License Number (including the leading zeros). This information is unique to each owner.


Examples:

KDHE Person or Organization ID: 12345  
License Number: 0012345

\* Do not include the dash or digits listed after.

- An organization is provided a single Organization ID, regardless of the number of facilities owned.
- Registration is to be completed by the owner or an authorized representative.
- Once registered, you or your authorized representative will login using the User Id and Password you created.
- Remember to save and secure your user Id and Password for future use.

# Register As A User



Home Applications Facilities

Provider Application: Log In/Out

### Provider Application

First Name:*	<input type="text"/>	User ID:*	<input type="text"/>	Use only these special characters ! @ # \$ % ^ & along with letters and/or numbers:
Middle Name:	<input type="text"/>	Password:*	<input type="text"/>	Use at least one upper case letter, one lower case letter, one number, and one special character ! @ # \$ % ^ & * (Choose a password with at least 8 characters):
Last Name:*	<input type="text"/>	Verify Password:*	<input type="text"/>	
Email:*	<input type="text"/>	Challenge Question:*	<input type="text"/>	
Suffix:	<input type="text" value="-Select-"/>	Answer to Challenge Question:*	<input type="text"/>	

### Your Contact Information

Address:*	<input type="text"/>	Work Phone Number:	<input type="text"/>	Use numbers only. Special Characters are not allowed:
City:*	<input type="text"/>	State:*	<input type="text" value="-Select-"/>	Fax Number:
Zip Code:*	<input type="text"/>			<input type="text"/>
Job Title:	<input type="text"/>			

Is the facility currently licensed by KDHE?:\*

Next Cancel

REMEMBER to save and secure your User Id and Password for future use.

If a new provider, Select No.  
If currently licensed and KDHE provided you with an ID number, select Yes.

# Customer and Provider Portal Home Page

## Manage Affiliates

Select the link below to modify the facility affiliate list.

The screenshot shows the Kansas Customer and Provider Portal Home Page. At the top, there is a blue header with the Kansas logo on the left and navigation links (Home, Applications, Facilities) in the center. On the right of the header are links for Help, Profile, and Log In/Out. A yellow box with a red border labeled "Manage My Affiliates" has a red arrow pointing to the "Existing Child Care Providers" section. Below the header, a welcome message "Welcome, Patty Groves!" is displayed next to a family photo. The main content area is divided into three columns. The left column contains links for applying to provide child care services. The middle column, titled "Existing Child Care Providers", contains links for renewing licenses, paying fees, and a critical "\*\*\*\*\* IMPORTANT \*\*\*\*\*" notice about internet browser requirements. The right column, titled "Resources", contains links for searching for child care and reviewing facility compliance information. A second yellow box with a red border, also labeled "\*\*\*\*\* IMPORTANT \*\*\*\*\*", contains a detailed text version of the browser requirements, with a red arrow pointing to the "\*\*\*\*\* IMPORTANT \*\*\*\*\*" link in the middle column.

**Kansas** NOTRISTRA PER ANIMA

Home Applications Facilities

Help Profile Log In/Out

Welcome, Patty Groves!

Monday, February 04, 2013

### Apply to Provide Child Care Services in Kansas

KDHE Online Child Care Application  
Use this link to begin a new or continue a saved application with KDHE. If you have not attended an orientation, contact your local child care surveyor. This application will also give you the opportunity to enroll with DCF.  
(more KDHE info)

DCF Enrollment for KDHE Licensed Providers  
Use this link to begin a new or continue a saved application for enrollment as a Regulated provider for families receiving DCF Child Care Subsidy.  
(more DCF info)

DCF Enrollment for Unregulated Providers  
Use this link to begin a new or continue a saved application if you are a facility not required to be licensed by KDHE.  
(more DCF info)

DCF Enrollment for In-Home Providers  
Use this link to begin a new or continue a saved application if you have been referred by an DCF staff member to provide child care in the home of a family eligible to receive child care benefits.  
(more DCF info)

DCF Enrollment for Out-Of-Home Relative Providers  
Use this link to begin a new or continue a saved application if you have been referred by an DCF staff member to provide child care to a relative eligible to receive child care benefits..  
(more DCF info)

### Existing Child Care Providers

Renew KDHE License and Manage My Affiliates  
Use this link to Renew your License with KDHE, continue a saved KDHE Renewal Application, View or Modify your Affiliates.  
(more KDHE info) (more DCF info)

Pay KDHE Fee/View My Applications  
Use this link to: Submit payments or attachments, view and print submitted applications.

\*\*\*\*\* IMPORTANT \*\*\*\*\*

In order for you to complete the online application the computer you are using MUST have one of the following internet browsers:

MS Windows 7 - must have Internet Explorer 8 (IE8)  
MS Vista - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)  
MS XP - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)  
MS XP Tablet - Internet Explorer 6 (IE6) and Internet Explorer 7 (IE7)

### Resources

Search for Child Care in Kansas  
Use this link to be routed to the Kansas resource and referral website.

Review Child Care Facility Compliance Information  
Use this link to view compliance information and licensing history for a child care facility.  
(more info)

\*\*\*\*\* IMPORTANT \*\*\*\*\*

To complete the online application the computer you are using MUST have one of the following Microsoft Windows operating systems with corresponding internet browsers\*\*:

# Modify Affiliates

- Click **[Add Affiliate]** for each affiliate and enter their First, Middle, Last name and Suffix, (i.e.-Sr, Jr, III), if applicable.
- Select **[Action]** for each affiliate (No change, Edit, Expire).
- To remove someone you just added: 1.) click on the box after **“Remove”** and then 2.) click on **[Remove Affiliate]**.
- Click**[Next]** when finished adding or editing affiliates

**Kansas**  
Back to my Application | Review or Make Changes | Save

Facility | Owner/Provider | Rates & Fees | Parents | Children | **Affiliates** | Submit

### Current Affiliates

Below, you will see a list of persons 10 years of age and older affiliated with your facility. An affiliate is any person 10 years of age and older who works, resides, or regularly volunteers at the facility.

1. To correct an affiliate's name or to edit any of the detailed information for that person (Role, Address, Phone Number), select Edit in the "Action" drop-down to the right of that person's name. You will have the opportunity to change information on the following screen(s).
2. If a person is no longer residing, working, or regularly volunteering in the child care facility, please select 'Expire' in the "Action" drop-down to delete that person from the list of Affiliates. The person must be added if he/she returns to the facility in the future.
3. Add any additional person not listed by selecting the 'Add Affiliate' button. Only person(s) who are 10 years of age and older who work, reside, or regularly volunteer at the facility should be added.
4. After selecting all affiliates to be edited or expired and adding any new affiliates, select "Next" at the bottom of the screen to enter or correct detailed information for each person.
5. K.A.R. 28-4-125(c) requires a copy of this information be kept on file.

**\*Note:** An Owner's Name cannot be changed. This Action requires a new application.

**\*Note:** An Owner cannot be 'Expired'. This Action requires a new application to Change Ownership.

First Name	Middle Name	Last Name	Suffix	Action:
Patty		Barrand		* No Change ▾
Edit	Natalie	J	Snyder	* No Change ▾
* <input type="text"/>	<input type="text"/>	* <input type="text"/>	<input type="text"/>	Remove <input type="checkbox"/>

# Affiliate Information

A page will populate for each person entered. Enter all requested identifying information - note the Affiliate name will be displayed at the top of the page.

Click on **[Next]**. **Note** – If a SSN is not provided, a warning message will be displayed that you that this may delay the process. Enter the SSN if available and click on **[Next]**.

The screenshot shows the 'Please Enter KDHE Information for Jan Globe' form. A yellow arrow points to the name 'Jan Globe' in the title, labeled 'Affiliate name'. A red box highlights the title itself. A yellow box labeled 'SSN Warning' points to a message: 'The SSN field was not completed which may delay processing of the application. Please review and resubmit.' The form includes fields for Effective Date of Affiliation (15 November 2012), Role (Administrator), SSN (empty), DOB (27 November 1955), Gender (Female), Race (White/Mexican/Caucasian), and Hispanic/Latino? (No). The Address section includes Street (1651 Skyline), City (Topeka), State (KS), and Zip Code (66610). The Phone field contains 7852201234. The Maiden Name section includes First Name, Middle Name, Last Name (Lee), and Suffix. The Alias section includes First Name, Middle Name, Last Name, and Suffix.

**Kansas**  
Back to my Application Review or Make Changes  
Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

**Please Enter KDHE Information for Jan Globe**

The SSN field was not completed which may delay processing of the application. Please review and resubmit.

Effective Date of Affiliation: 15 November 2012  
Role: Administrator  
SSN (e.g., 000-00-0000):  
*Please note: if the SSN number displayed above is read-only it is because the SSN is pulled over and displayed from the Owner Physical Address section of this on-line application. If you need to make a change to the Owner's SSN number information displayed on this screen you must return to the Owner Physical Address section. All other Affiliate SSN numbers can be added/edited on this page.*

DOB: 27 November 1955  
Gender: Female  
Race: White/Mexican/Caucasian  
Hispanic/Latino? Yes No

**Address:**  
Street: 1651 Skyline  
City: Topeka  
State: KS  
Zip Code (eg. 99999-9999): 66610

Phone (e.g., 555-555-5555): 7852201234

**Maiden Name:**  
First Name:  
Middle Name:  
Last Name: Lee  
Suffix:

**Alias:**  
First Name:  
Middle Name:  
Last Name:  
Suffix:

## KBI/DCF Screening

Has any affiliate been convicted of a misdemeanor or felony for any of the following:

- a crime against persons
- a sexual offense
- crimes affecting family relationships and children

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate had a felony conviction under the uniform controlled substances act?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate committed physical, mental or emotional abuse, or neglect or sexual abuse as validated by DCF?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect, or sexual abuse?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate had parental rights terminated?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate signed a diversion agreement involving child abuse or a sexual offense?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Has any affiliate been found to be a disabled person in need of a guardian or conservator or both?

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

\* ☐ Yes ☐ No

Next

## KBI/DCF Screening Page

All questions are required to be answered.

Click on **[Next]**.



KDHE Child Care Licensing  
1000 SW Jackson Ave Suite 200  
Topeka, KS 66612

For Assistance with the online application please call:  
(785) 296-1270